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The Pharma Innovation



ISSN (E): 2277-7695 ISSN (P): 2349-8242 NAAS Rating: 5.23 TPI 2022; SP-11(7): 3136-3138 © 2022 TPI www.thepharmajournal.com

Received: 12-05-2022 Accepted: 11-06-2022

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Level of satisfaction of Ethnoveterinary knowledge users of livestock owners in Western Zone of Rajasthan

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Abstract

The present study was conducted in Bikaner and Jodhpur districts of Rajasthan in order to document the ethnoveterinary practices followed by livestock owners. A total of 120 livestock owners were selected as respondent from 12 selected villages of 4 tehsils of the districts. Level of satisfaction towards attributes of ethnoveterinary practices. It was reported that response related to availability services in own village satisfaction level has maximum mean score (98.33) and it was ranked first. However, satisfaction level of interest taken by young generation in ethno treatment having mean score (45.00) and ranked X, last rank in all categories. In the satisfaction series cost effectiveness of treatment having mean score (82.50) with ranked second.

Keywords: Ethnoveterinary, satisfaction, livestock owners, practices

Introduction

Major consumable products of animals include milk and milk products and the responsible animals are cattle. In today's period of modernization, pollution and environmental degradation, livestock are also affected. They get suffered by various ailments which affect their health and productivity. Medical facilities are available but are very costly and having side effects. The dairy persons, farmers and livestock owners mostly refuse to use allopathy drugs and prefer their own traditional practices of ethnoveterinary. (Srivastatav et al, 2017)^[7]. Despite the fact that ethno-veterinary medicine has been very crucial for the animal health cares of most developing countries, it has not yet been well documented and much effort is needed in research and integration activities in these countries (Yineger et al., 2007)^[8]. EVM is developed by farmers and barns rather than in scientific lab. It is less systematic, less formalized and usually transferred by word of mouth rather than writing (Phondani et al., 2010) ^[5]. Even so, most small-holder farmers who desire to adopt modern practices of animal health care are constrained by lack of finance to seek consultancy advice from veterinary officers or perhaps, due to the unavailability of such officers in remote villages. Also lack of proper follow up by extension agents when this innovation is brought to the farmers is another major impediment. Just as farmers would not easily give away what belongs to them because of their belief in traditional practices, some would still seek refuge in the use of IKS (Kolawole, 2001)^[1]. There are, however, certain problems faced by the local farmers who use ethno-veterinary approach to treat their animals. These problems include inconvenience involved in the use or preparation of certain remedies; seasonal availability of certain medicinal plants; paucity of treatments against epidemic diseases; existence of harmful practices; difficulty of standardizing herbal remedies (since the concentration of a critical ingredient in a plant often varies from one location to another); and vagueness of local treatment schedules (Mathias and McCorkle, 1989)^[3]. Common complaints by stock raisers, extension worker and scientists include, inconvenient to prepare or use, availability of plants only at some times of the year, ineffectiveness of treatments, harmful, traditional diagnoses may be inadequate (typically identifying symptoms rather than underlying causes of a disease), dosages are uncertain and remedies are not standard and the resource base is deteriorating, making ingredients unavailable for preparing medicines (Mathias, 2001)^[2]. The traditional use of plants as herbal remedies has further declined due to scarcity of such plants, which is caused by multifarious human activity coupled with natural calamities like droughts, thus threatening the diversity of herbal medicines. Therefore, an urgent need was felt to study and document this precious knowledge for posterity's (Nag et al., 2007)^[4].

Research methodology

The present study was conducted in purposively selected Bikaner and Jodhpur districts of Rajasthan. Two tehsils Nokha and Lunkaransar were purposively selected out of the 8 tehsils from Bikaner district on basis of good proportion of livestock population. Two tehsils Phlodi and Bhopalgarh were purposively selected out of the 13 tehsils from Jodhpur district on basis of good proportion of livestock population. With consideration of availability of traditional healers, a comprehensive list of all villages was prepared from respective tehsils after discussion with patwari, tehsildar, veterinary officer, villagers and traditional healers. Three villages were randomly selected from each tehsil and a total of twelve villages were selected for the purpose of study. The 10 livestock owners from each of the twelve selected villages including the available traditional healers were identified randomly who have adopted animal husbandry occupation. Thus, the total sample size was constituted 120 livestock owners. Level of satisfaction was considered in terms of timely availability of services, door step services, cost effectiveness of treatment, availability of medicines in nearby area, recovery of animal, time taken to recover the animal, behaviour of traditional healers and interest taken by young generation in ethno treatment. It was measured through interview schedule .To measure level of satisfaction respondents were categorized into three category i.e. highly satisfied (3) satisfied (2) and not satisfied (1).

Results and Discussion

Level of satisfaction of livestock owners

The ethnoveterinary knowledge users were interviewed with regard to the level of satisfaction they experienced in practicing such techniques. It was measured through interview schedule .To measure level of satisfaction respondents were categorized into three category i.e. highly satisfied (3) satisfied (2) and not satisfied (1).

A perusal of Table (4.27) revealed the level of satisfaction towards attributes of ethnoveterinary practices. It was reported that response related to availability services in own village satisfaction level has maximum mean score (98.33) and it was ranked first. However, satisfaction level of interest taken by young generation in ethno treatment having mean score (45.00) and ranked X, last rank in all categories. In the satisfaction series cost effectiveness of treatment having mean score (82.50) with ranked second. Satisfaction response towards timely availability of services having mean score (81.94) and ranked third in the order this was followed by response behaviour of traditional healers (IV rank), recovery of animal (V rank), availability of medicines in nearby area (VI rank) no side effect (VII rank), time taken to recover the animal (quickness) (VIII rank) ease in preparation (IX rank) and mean score were 79.16, 78.05, 77.22, 72.75, 65.00, 61.11 respectively.

	Table 1: Distribution of res	pondents according to level	of satisfaction towards attributes	of ethnoveterinary p	ractices N=120
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S. No.	Services	Highly Satisfied (3)	Satisfied (2)	Not Satisfied (1)	Mean score	Rank
1	Recovery of animal	46 (38.33)	69 (57.50)	05 (04.16)	78.05	V
2	No side effect	23 (19.16)	95 (79.16)	02 (01.66)	72.50	VII
3	Behaviour of traditional healers	48 (40.00)	69 (57.50)	03 (02.50)	79.16	IV
4	Availability of medicines in nearby area	43 (35.83)	72 (60.00)	05 (04.16)	77.22	VI
5	Cost effectiveness of treatment	57 (47.50)	63 (52.50)	0 (00)	82.50	II
6	Time taken to recover the animal(Quickness)	05 (04.16)	104 (86.66)	11(09.16)	65.00	VIII
7	Timely availability of services	59(49.16)	57 (47.50)	4(03.33)	81.94	III
8	Interest taken by young generation in ethno treatment	04 (03.33)	34 (28.33)	82 (68.33)	45.00	Х
9	Availability of services in own village	114 (95.00)	06 (05.0)	0 (00)	98.33	Ι
10	Ease in preparation	40 (33.33)	20 (16.66)	60 (50.0)	61.11	IX

A perusal of Table revealed that, the level of satisfaction towards attributes of ethnoveterinary services. It was reported that response related to availability services in own village satisfaction level has maximum Mean score (98.33) and it was ranked first. However, satisfaction level of Interest taken by young generation in ethno treatment having (45.00) mean score and ranked X, last rank in all categories. In the satisfaction series cost effectiveness of treatment having (82.50) mean score with ranked second. Satisfaction response towards timely availability of services having (81.94) mean score and ranked third in the order this was followed by response behaviour of traditional healers (IV rank), recovery of animal (V rank), availability of medicines in nearby area (VI rank) no side effect (VII rank), time taken to recover the animal (quickness) (VIII rank) ease in preparation (IX rank) and mean score were (79.16), (78.05), (77.22),(72.75), (65.00), (61.11) respectively.

Rajput and Tripathi (2012) ^[6] also find that the satisfaction indices of the pastoralists on the nature of services provided by the traditional healer were higher than the state veterinary officer with respect to timely availability of services, availability of services on holidays, fees charged for treatment (P \leq 0.01), and the behaviour of the service providers (P \leq 0.05).

However, the satisfaction indices with respect to competency and recovery from disease after treatment were in favour of the state veterinary officer as compared to the traditional healer (P \geq 0.05). There was a high level of dissatisfaction among the pastoralists with the state veterinary officer with respect to availability of services during holidays (92.5%), prophylactic measures adopted during epidemics (90%), availability of treatment facilities (89.17%), availability of doorstep services (75%), and timely availability of services (60.83%). They were dissatisfied with the traditional healer with respect to availability of treatment facilities (100%) and competency (86.67%).

Acknowledgments

The authors would like to thank the local people for their valuable indigenous knowledge transfer. We are also thankful to the department of veterinary and animal husbandry extension education, college of veterinary and animal science, RAJUVAS, Bikaner.

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